

Port of Indianola

REQUEST FOR PUBLIC RECORDS

DATE _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE NUMBER _____

RECORD REQUESTED.
TITLE OF RECORD _____

DATE OF RECORD _____

DESCRIPTION OF RECORD _____

RECORD DELIVERY METHOD

- I would like to have the records mailed to me and agree to pay mailing charges
- I will pick up the records in person by appointment
- If available, I would prefer to have the records emailed to me. If the files are too large for email, other arrangements will be made.

1. **I certify that the list of individuals obtained through this request for public records will not be used for commercial purposes.**
2. **I understand that there is a minimum charge of 15 cents per page, payable at the time of request, I will then receive the requested documents within seven working days.**
3. **A completed request form is to be presented in person either by appointment or at a regularly scheduled Port meeting. No mailed or faxed copies will be accepted.**

SIGNATURE _____

PLEASE PRINT NAME _____

NUMBER OF COPIES _____

TOTAL CHARGE _____